United States District Court Northern District of Illinois

Notification of Party Contact Information

Directions: This form must be attached to a motion to withdraw from a case when no other attorney of record has been noted on the docket. A completed form must be electronically filed as an attachment to the motion to withdraw. The address and telephone number of your client must be completed on this form to enable the Court to contact your client in the future if the motion to withdraw is granted.

| Case Number: | |
|------------------------|--|
| Case Title: | |
| Judge: | |
| Name of Attorney su | ibmitting the motion to withdraw: |
| Name of Client: | |
| Mailing address of C | Client: |
| City: | State: |
| Zip: | Telephone Number: |
| I attest that the abov | ve information is true and correct to the best of my |
| knowledge. | |
| Signed: Daving R. D | Paolo |
| Date: | |